

## IN THE SPECIFICATION:

Please amend the Specification at paragraph [0054], as follows:

[0054] A catheter tunneling adapter 210, preferably similar to the catheter tunneling adapter shown in Fig. 13 and disclosed in U.S. Publication No. US 2004/0176739, is releasably connected to the proximal ends 111, 131 of the catheters 110, 130. Alternatively, an adapter such as the adapter disclosed in U.S. Publication No. US 2005/0027282 may be used. Preferably, an extension 211 extending from the first end 212 of the tunneling adapter 210 is inserted into each of the proximal ends 111, 131 of the catheters 110, 130 and a trocar 214 is connected to the second end 216 of the adapter 210. The trocar 214, the adapter 210, and catheters 110, 130 are pulled through the subcutaneous tunnel 24 made by the pointed end 218 of the trocar 214. Once the catheters 110, 130 have been placed in the subcutaneous tunnel 24, and after the adapter 210 and trocar 214 have been removed, the catheters 110, 130 appear as shown in Fig. 11. The ingrowth cuff 125 is disposed within the subcutaneous tunnel 24. Over time, skin tissue forming the wall of the subcutaneous tunnel 24 will grow into the ingrowth cuff 125, securing the catheters 110, 130 in the subcutaneous tunnel 24. It is also seen in Fig. 11, that lengths of the proximal lumen end portions 112, 132 extend proximally from the tunnel 24, and thus provide a range of potential sites for attaching the hub thereto from which the practitioner may choose a desired hub site. It has been previously described that the length of the tunnel may be dependent on the particular patient. Thus, if the proximal lumen ends extend for an unnecessary long distance proximally of the tunnel exit after tunneling, the practitioner may trim them prior to attaching the hub and attaching the extension tube assemblies to the lumen ends.